

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Resource Based Relative Value Scale (RBRVS) Users: **Memorandum No: 07-47**  
Anesthesiologists **Issued:** June 28, 2007  
Advanced Registered Nurse Practitioners **For Information Call:**  
Emergency Physicians 800.562.3022 (option 2) or go to:  
Family Planning Clinics <http://maa.dshs.wa.gov/contact/prucontact.asp>  
Federally Qualified Health Centers **Supersedes # Memo 06-108**  
Health Departments  
Laboratories  
Managed Care Organizations  
Nurse Anesthetists  
Ophthalmologists  
Physicians  
Physician Clinics  
Podiatrists  
Psychiatrists  
Radiologists  
Registered Nurse First Assistants

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services Administration (HRSA)

**Subject: Physician-Related Services: Corrections and Fee Schedule Updates**

**Effective for dates of service on and after July 1, 2007**, unless otherwise specified, the Health and Recovery Services Administration (HRSA) will implement:

- The updated Medicare Physician Fee Schedule Database (MPFSDB) Year 2007 Relative Value Units (RVUs);
- The updated Year 2007 Relative Value Guide base anesthesia units (BAUs);
- The updated Medicare Clinical Laboratory Fee Schedule (MCLFS);
- The updated Medicare Average Sale Price (ASP) drug files; and
- The technical changes listed in this numbered memorandum.

## Overview

All policies previously published remain the same unless specifically identified as changed in this memo.

## Maximum Allowable Fees

HRSA updated the fee schedule with the Year 2007 RVUs, BAUs, clinical laboratory fees, and Medicare ASP pricing. HRSA adjusted the maximum allowable fees to reflect these updates.

Visit HRSA's web site at <http://maa.dshs.wa.gov/RBRVS/Index.html> to view the new fee schedule, effective July 1, 2007.

Bill HRSA your usual and customary charge.

## Conversion Factors

Below are HRSA's July 1, 2007 conversion factors:

Title	Procedure Codes	July 1, 2007 Conversion Factor
Adult Primary Health Care	99201-99215	21.95
Anesthesia		21.20
Children's Primary Health Care	99201-99215, 99431-99435, and 99381-99395	31.82
Clinical Lab Multiplication Factor		0.830
Maternity	59000, 59025, 59400-59410, 59425- 59426, 59430, 59510-59525, and 59610-59622	42.35
All Other Procedure Codes (Except Clinical Laboratory)		22.03

## Code Updates

Effective for dates of service on and after July 1, 2007, HRSA made the following changes:

- The following procedure codes are **not covered**: 0178T-0182T and 90725.
- The following procedures codes **require prior authorization (PA) or expedited prior authorization (EPA)**. If the client does not meet EPA criteria, the testing requires PA.

Procedure Code	Brief Description
96118	Neuropsych tst by psych/phys
96119	Neuropsych testing by tec

- The following procedures codes now **require PA**:

Procedure Code	Brief Description
G0166	Extrnl counterpulse, per tx
21031	Remove exostosis, mandible
21032	Remove exostosis, maxilla
21045	Extensive jaw surgery
21050	Removal of jaw joint
21060	Remove jaw joint cartilage
21070	Remove coronoid process
21076	Repair face/oral prosthesis
21077	Repair face/oral prosthesis
21081	Repair face/oral prosthesis
21121	Reconstruction of chin
21122	Reconstruction of chin
21125	Augmentation of lower jaw bone
21141	Reconstruct midface, lefort
21142	Reconstruct midface, lefort
21143	Reconstruct midface, lefort
21145	Reconstruct midface, lefort
21146	Reconstruct midface, lefort
21147	Reconstruct midface, lefort
21150	Reconstruct midface, lefort
21151	Reconstruct midface, lefort
21154	Reconstruct midface, lefort
21155	Reconstruct midface, lefort
21159	Reconstruct midface, lefort
21160	Reconstruct midface, lefort
21193	Reconstruct lwr jaw w/o graft
21194	Reconstruct lwr jaw w/ graft
21206	Reconstruct upper jaw bone

Procedure Code	Brief Description
21208	Augmentation of facial bones
21209	Reduction of facial bones
21210	Facial bone graft
21215	Lower jaw bone graft
21230	Rib cartilage graft
21240	Reconstruction of jaw joint
21242	Reconstruction of jaw joint
21243	Reconstruction of jaw joint
21244	Reconstruction of lower jaw
21245	Reconstruction of jaw
21246	Reconstruction of jaw
21247	Reconstruction of lower jaw bone
21255	Reconstruct lower jaw bone
21295	Revision of jaw muscle/ bone
21296	Revision of jaw muscle/ bone
29800	Jaw arthroscopy/surgery
29804	Jaw arthroscopy/surgery
31825	Repair of windpipe defect
31830	Revise windpipe scar
40720	Repair cleft lip/nasal
40806	Incision of lip fold
41899	Unlisted
42226	Lengthening of palate
42227	Lengthening of palate
64600	Injection treatment of nerve
67900	Repair brow defect
67950	Revision of eye lid
69310	Rebuild Outer ear canal
69320	Rebuild Outer ear canal
88384	Eval molecular probes, 11-50
88385	Eval molecu probes, 51-250
88386	Eval molecular probes, 251-500

- The following procedures codes **no longer require PA**:

Procedure Code	Brief Description
17315	Mohs surg, addl block
70552	Mri brain w/dye
70559	Mri brain w/o & w/dye
85055	Reticulated platelet assay
85396	Clotting assay, whole blood
Q9957	Inj perflutren lip micros,ml

## Immunization Updates

**Retroactive for dates of service on and after May 1, 2007**, HRSA pays for the administration of GARDASIL<sup>®</sup> (Human Papillomavirus [Types 6,11,16,18] Recombinant Vaccine) when providers bill with CPT code 90649 (H papilloma vacc 3 dose im) as follows:

- **For clients age 9-18 years of age:**

HRSA pays for the administration of GARDASIL<sup>®</sup> only if it is obtained at no cost from the Department of Health (DOH) through the Universal Vaccine Distribution program and the Federal Vaccines for Children program. HRSA pays for the administration of the vaccine only and not the vaccine itself. Bill for the administration by reporting the procedure code for the vaccine given with modifier SL (e.g. 90649 SL). HRSA pays \$5.96 for the administration of those vaccines that are free from DOH.

- **For clients age 19 and 20 years of age:**

Bill HRSA for the cost of the GARDASIL<sup>®</sup> vaccine itself by reporting procedure code 90649. DO NOT use modifier SL with any of the vaccines for clients 19 or 20 years of age. HRSA reimburses for the vaccine using HRSA's maximum allowable fee schedule. Bill HRSA for the vaccine administration using either CPT codes 90471 or 90472.

**Note:** HRSA does not reimburse for GARDASIL<sup>®</sup> for any other age group. HRSA limits payment for immunization administration to a maximum of two administration codes (e.g., one unit of 90471 and one unit of 90472).

GARDASIL<sup>®</sup> is administered in a series of three shots. To be paid by HRSA, the physician must prescribe and administer the GARDASIL<sup>®</sup> series **only**:

- After the physician has performed an EPSDT exam; and
- To clients on eligible Medicaid programs.

The EPSDT exam is only required prior to the **first** shot in the series. Clients on TAKE CHARGE, Family Planning Only, and the Alien Emergency Only program are not eligible for this service.

## Vaccines Reminders

The following vaccines were updated on the Injectable fee schedule. **Effective February 1, 2007**, HRSA covers the administration of these vaccines **only** if they are received free from DOH:

Procedure Code	Brief Description
90710	Mmrsv vaccine, sc
90723	Dtap-hep b-ipv vaccine, im

The following vaccine was updated on the Injectable fee schedule. **Effective May 1, 2007**, HRSA covers the administration of this vaccine **only** if the vaccine is received free from DOH:

Procedure Code	Brief Description
90680	Rotavirus vacc 3 dose, oral

## Injectable Drug Updates

HRSA updates the maximum allowable fees for injectable drugs on a quarterly basis. Current and past fee schedules are posted on HRSA's website at <http://maa.dshs.wa.gov/RBRVS/index.html>. All fees have been updated at 106% of the average Sales Price (ASP) as defined by Medicare. If a Medicare fee is unavailable for a particular drug, HRSA prices the drug at 86% of the Average Wholesale Price (AWP).

## Immune Globulins

**Effective for dates of service on and after July 1, 2007**, HRSA updated the following list of covered and noncovered immune globulins in HRSA's *Physician-Related Services Billing Instructions*:

Noncovered CPT Code	Covered HCPCS Code
90281	J1460-J1560
90283	J1566 and J1567
90291	J0850
90379	J1565
90384	J2790
90385	J2790
90386	J2792
90389	J1670
	Q4087, Q4088, Q4091, and Q4092

## Bariatric Surgery

Clients enrolled in a managed care organization (MCO) are eligible for bariatric surgery under fee-for-service when prior authorized. Clients enrolled in an MCO who have had their surgery prior authorized by HRSA and who have complications following bariatric surgery are covered fee-for-service for these complications 365 days from the date of the HRSA-approved bariatric surgery. HRSA requires prior authorization (PA) for these services. HRSA updated Section I of HRSA's *Physician-Related Services Billing Instructions* with this policy.

## Botulism Injections

HRSA requires PA for HCPCS codes J0585 and J0587 regardless of the diagnosis. HRSA requires PA for CPT code 95874. HRSA updated Section C of HRSA's *Physician-Related Services Billing Instructions* with this policy.

## Centers of Excellence

HRSA pays for organ procurement fees and donor searches. For donor searches, CPT codes 86812-86822 are limited to a maximum of 15 tests total for human leukocyte antigens (HLA) typing per client, per lifetime. HRSA requires PA for more than 15 tests. When billing for these donor services, you must bill using the recipient's PIC code. To bill for donor services, use the appropriate V59 diagnosis code as the principal diagnosis code. For example, if you were billing a radiological exam on a potential donor for a kidney transplant, you would bill V59.4 for the kidney donor and use V70.8 as a secondary diagnosis-examination of a potential donor.

**Note:** Use of V70.8 as a principal diagnosis will cause that line of the claim to be denied.

## Miscellaneous Updates

HRSA has updated the following sections of the *Physician-Related Services Billing Instructions*. These updated sections clarify medical and billing policies:

- The end-stage renal disease (ESRD) section in Section B.
- ICD-9-CM diagnosis codes for diabetic retinopathy for tinting in section D.
- The cancer screens section in sections E and H.
- The drug screens and psychiatric services sections in section E.
- The microsurgery policy in the "Other Surgical Policies" section in Section F.
- The out-of-state hospital section in section G.
- The HIV/AIDS counseling sections in sections G and H.

## Psychiatric Services

HRSA updated the grids under the headings “Inpatient Hospital” and “Outpatient Hospital” on page E.3 of HRSA’s *Physician-Related Services Billing Instructions*.

## EPA Criteria for Neuropsychological Testing (CPT codes 96118 and 96119)

HRSA has added EPA criteria for neuropsychological testing (CPT codes 96118 and 96119) to Section F of HRSA’s *Physician-Related Services Billing Instructions*.

## Reminders

- HRSA requires PA for the removal of failed breast implants (CPT codes 19328 and 19330) billed with ICD-9-CM diagnosis code 996.54.
- HRSA does not cover ultraviolet phototherapy (CPT code 96910) when billed with ICD-9-CM diagnosis code 709.01 (vitiligo). HRSA considers this a cosmetic procedure.
- HRSA does not require PA for most outpatient magnetic resonance imaging (MRIs). However, some outpatient MRIs are noncovered. Please check the fee schedule for authorization requirements for MRIs.
- HRSA is implementing the Washington State Health Technology Clinical Committee (HTCC's) decision that uMRI (upright MRI) is **experimental and investigational**; therefore, pursuant to WAC 388-501-0165, uMRI is a "D" level evidence that is not supported by any evidence regarding its safety and efficacy. Medicaid will not reimburse unless one of the following criteria is met:
  - ✓ The client must have a humanitarian device exemption; or
  - ✓ There must be a local Institutional Review Board protocol in place.

This decision is **effective on July 1, 2007**, for all fee-for-service providers.

## Services by Substitute Physician—How to Bill

The Omnibus Budget Reconciliation Act (OBRA) of 1990 permits physicians to bill under certain circumstances for services provided on a temporary basis to their patients by another physician.

The physician's claim must identify the substituting physician providing the temporary services. Complete the 1500 Claim Form as follows:

- Enter the substituting physician's 7-digit Medicaid provider number in field 30 on the 1500 Claim Form. If the physician does not have a Medicaid provider number, enter the physician's name.
- Enter the regular physician's name, address, and Medicaid provider number in field 31 on the 1500 Claim Form.
- Use modifier Q6 when billing.

Documentation in the patient's record must show that in the case of:

- An informal reciprocal arrangement, billing for temporary services was limited to a period of 14 continuous days, with at least one day elapsing between 14-day periods.
- A locum tenens arrangement involving per diem or other fee-for-time compensation, billing for temporary services was limited to a period of 90 continuous days, with at least 30 days elapsing between 90-day periods.

## Sleep Studies

HRSA has added the following Sleep Centers to HRSA's Sleep Centers of Excellence list:

Name	Location	Effective Date
Peace Health – St. John's Medical Center	Longview, WA	12/6/06
Public Hospital District No. 2 of Snohomish Co. Stevens Sleep Center	Edmonds, WA	2/12/07

**Effective July 1, 2007**, HRSA has deleted the following Sleep Center from the HRSA Sleep Center of Excellence list:

Name	Location
Clallam County Public Hospital Dist #1	Forks Community Hospital, Forks, WA
Sleep Center at Memorial	Yakima Valley Memorial Hospital, Yakima, WA.

## **Topical Fluoride (HCPCS codes D1203 and D1204)**

HRSA covers topical fluoride for eligible clients according to HRSA's [\*Dental Program for Clients Through Age 20 Billing Instructions\*](#) and [\*Dental Program for Clients Age 21 and Older Billing Instructions\*](#).

## **New Billing Instructions**

HRSA is developing new *Physician-Related Services Billing Instructions* that will be published in July 2007. See "How can I get HRSA's provider documents?" for information on obtaining these new billing instructions.

## **How do I conduct business electronically with HRSA?**

You may conduct business electronically with HRSA by accessing WAMedWeb at <http://wamedweb.acs-inc.com>.

## **How can I get HRSA's provider documents?**

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.